U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
E	JUL 202005
_	

1. File Number **U** - 14231

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 04

4. Name, file number, and address of labor organization.

Name	Anthony Buzzelli	Name	Teamsters 200		
		Labor C	Organization File Number 81423 /		
P.O. Box, Bldg., Room No., if any RiverTech Centre			ox, Building and Room Number, if any RiverTech Centre		
Street	3700 S. Water Street, Suite 160	Street	3700 S. Water Street, Suite 160		
City	Pittsburgh	City	Pittsburgh		
State	PA ZIP Code +4 15203-2365	State	PA ZiP Code + 4 15203-2365		
5. Position in labor organization. President					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.		
Name					
Trade Name, if any:			·		
P.O. Box, Bldg., Room No., if any					
			unt.		
Street					
City					
State	State ZIP Code + 4		···· 6		
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed	Signed Inthry 9 Bylli On 7-7-05 (724) 752 -1749 Date Telephone Number				